

SLIPPERY ROCK CAMPGROUND ASSOCIATION

1150 West Park Road Slippery Rock, PA 16057

PHONE: 724-738-0402 FAX: 724-738-0776

Web Page: www.toursrc.com

TO LIST MEMBERSHIP FOR SALE

If you would like to include pictures please send to DarleneM@toursrc.com

DATE: _____ LOT # _____ STREET NAME: _____

COMBINED PRICE: (Membership & Trailer) _____ OR. SELLING SEPARATELY: Yes / No

MEMBERSHIP: (Selling Lot Only) Price: _____

SHED: _____ Cement patio: size: _____

Other Features: _____

TRAILER: (Selling Trailer Only) Price: _____

Model: _____ Make _____ Length _____ Year: _____

Awning: Yes/No (circle one) Sleeps #: _____ A/C: Yes/No (circle one)

List any additional items or features: _____

Will you rent? Yes/No Note: Do you currently have a ramp on your unit? Yes/No
(If "YES", you will be required to take it down before the transfer takes place.)

Name: _____ Phone #: _____ check if want
number on web site

Member Signature: _____

**Email Address: _____

Notes to the Member (Seller):

Cost to transfer the Membership - \$1,000.00 payable at time of transfer (SRCA Office does not transfer the trailer – Notary phone numbers available). All assessments that are in arrear need to be paid at time of transfer. You will need your Membership Certificate or lost Certificate signed at time of transfer. Also, you will need to give the Buyer 3 GATE CARDS – if missing, you need to purchase at \$10.00 each.

The Membership Committee is strictly a "Volunteer Committee"

AGREEMENT PRIOR TO MEMBERSHIP LISTINGS FOR SALE

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Effective January 1, 2011, all new members on the certificate and renters must agree to the following items. Transfers will be scheduled two weeks prior to sale (transfer) as long as these items are completed.

1. A federal criminal background check be performed on the new prospective member.
2. If a trailer is involved in the transfer, an inspection must take place for any violations of SRCA Rules and Policies.
3. The lot will be inspected for any violations of SRCA Rules and Policies.
4. The lot will be measured and marked.

I HAVE READ AND AGREE TO THE TERMS ABOVE.

Print Full Name

Lot #

Signature

Address

City

State

Zip Code

Date